CO-OCCURRING DISORDERS SERVICE DELIVERY QUALITY INITIATIVE WORKGROUP MEETING MINUTES

Meeting Chair: Blaine Shaffer, M.D.

Meeting Date: August 2, 2010

Meeting Location *Region 5 Systems*

Meeting Co-Occurring Disorders Service Delivery Workgroup

Attendees: Susan Boust, Paula Eurek, Kathleen Grant, Topher Hansen, Julie Hippen, Tara Muir, JoAnn O'Connell, Mary O'Hare, Donna Polk-Primm, Dan Powers, Jean Sassatelli, Julie Scott, Blaine Shaffer, Ken Timmerman, Ann Tvrdik, Margaret Van Dyke, Cameron White, Linda Wittmuss.

Topic/Issue	*Discussion*	*Recommendations/ Action*	*Resp. party*	*Due Date*	*Status*
Handouts	Attendees were provided with the following handouts: • July 2010 Minutes • August Agenda • Revised Principles Action Plan • Prevalence of Adults with Co-Occurring Disorder in the US and NE Power Point • Evidence and Consensus Based Practices Action Plan • Notebook Cover Sheet	None			
Principles Action Plan	Several suggestions were made to the Principles Action Plan.	Incorporate suggestions into the Principles Action Plan	Mary	9/13/10	
Prevalence of Adults with COD in US and Nebraska	Shinobu Watanabe-Galloway from the University of NE Med Center presented a Power Point on prevalence. Important points: • Definitions must be consistent as they affect estimates. • Prevalence data is often reverence in the following two categories: COD using population of people with mental illness and people COD and serious mental illness. This group is probably most concerned with those with COD and serious mental illness. • Prevalence data can be viewed from general population and those participating in behavioral health services. • Those with behavioral health diagnoses have an average age of death 23/24 years earlier than the general population. • Three national prevalence data sources were presented: NCS, NSCUH, NESARC. Data is collected from the general population (not necessarily those in service) by non-clinical interviewers.	Shinobu volunteered to provide data related to the prevalence of COD compared to other major health conditions.	Mary will send a note request-ing the info	9/13/10	

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	• The national prevalence data most relevant to this group is for serious mental illness with co-occurring SUD which is 4 million adults or 2% of the population. • At a 2.5% prevalence rate, 32,000 Nebraska adults have serious psychological disorders and SUD. (NSDUH 2004-2007) • 62% of all Nebraska adults admitted to a Regional Center have a serious mental illness and a substance related disorder while 10% of Nebraska adults receiving community-based behavioral health services have a serious mental illness and a substance related disorder. Nicotine dependence is not included in definition of substance use disorder for these studies. • 42% of those admitted to a NE Regional Center between 1/1/05 and 12/31/09 had a serious mental illness, substance related disorder, and a personality disorder. • 53% of adults with COD receive neither mental health nor substance use treatment. Potential reasons: under-detection of COD in the general population; limited availability/access to care; lack of coordination between two systems; personal/family reasons for not seeking care. Critical points identified by Shinobu in a follow-up email include the following: **1. General population surveys found the prevalence of COD in the general population of adults to be around 2 to 5% nationally.** For example, COD with SMI is 2% according to the NSDUH data from 2002. COD with mental disorders is 3 to 5% according to NCS 1991-92 and NCS-R 2001-03 data. **2. 32000 general population adults in Nebraska (~2.5% prevalence) may have COD - the state's prevalence is within the national statistics** These numbers are based on 2004 - 2007 NSDUH data from Nebraska **3. COD prevalence is much higher in the clinical population especially among patients who have chronic/severe mental disorders** Based on Nebraska behavioral health data we know the following: (a) of those people who received state-funded behavioral health services,				

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	10% had COD with SMI. (b) Regional Center consumers' prevalence for COD with SMI is 62%. **4. National survey data indicate under-use of service among COD patients** - more than half of people who potentially have COD do not receive service **5. Criminal justice population suffer from high prevalence of mental illness and substance related disorders** Nebraska Correctional System reported that 35% of inmates were diagnosed with mental illness and 76% were diagnosed with substance-related problems at intake in 2010. **Other recommendations in a follow-up conversation with Shinobu:** "For the purpose of establishing the prevalence, NSDUH would be a good source (see above stats) for the general population. If the group is interested in examining the burden of COD in different high risk groups, there may be more work that needs to be done including the Criminal Justice population and homeless population. Some work is already done locally, I believe... I will not recommend the workgroup to take up a new data collection because it is very costly and time consuming (unless there is a separate funding source and expertise to conduct such study)." **Corrections Data:** Cameron White reported that the rate of mental health diagnosis at intake to Ne Corrections was from 16% to 40% of all intakes over the past 6 fiscal years. The past three fiscal years, the percentage range from 29% to 40%. There were just over 2200 intakes/admissions per year. A point of time study revealed 20% of inmates were taking prescribed psychiatric medication. For the last six fiscal years, the percentage for substance related disorders is from 76% to 89% at intake.				
Evidence and Consensus Based Practices Action Plan	An Action Plan was presented by Linda Wittmuss. The group discussed and provided input which will be incorporated and presented for review at the next meeting.	Mary will incorporate suggestions and send to Linda for review/upgrade.	Mary & Linda	9/13/10	

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	Paula Eurek described a process that had been used to provide feedback to psychotherapists and volunteered to share information about the intervention with the workforce subcommittee.	Provide information on the intervention to the workforce committee.	Paula	9/13/10	
Subcommittee Work	Subcommittees were given the rest of the meeting time to work.				
Homework Assignments	Read Overview Paper 2: Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders		All	9/13/10	
Adjournment & Next Meeting	The meeting was adjourned at 4:30 pm. Next meeting: Monday September 13, 2010 at 1:30 **NOTE: September 13, 2010 meeting is at the State Office Building: Lower Level D**				